

<i>SERFF Tracking Number:</i>	<i>RLSC-125621941</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>RLI Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CGL-AAMFR-0403</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability</i>		
<i>Project Name/Number:</i>	<i>Limited Abuse Or Molestation Coverage/CGL-AAMFR-0403</i>		

Filing at a Glance

Company: RLI Insurance Company		
Product Name: Commercial General Liability	SERFF Tr Num: RLSC-125621941	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.0001 Commercial General Liability	Co Tr Num: CGL-AAMFR-0403	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: Tom Drucker	Disposition Date: 04/28/2008
	Date Submitted: 04/24/2008	Disposition Status: Approved
Effective Date Requested (New): 06/01/2008		Effective Date (New):
Effective Date Requested (Renewal): 06/01/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Limited Abuse Or Molestation Coverage	Status of Filing in Domicile: Authorized
Project Number: CGL-AAMFR-0403	Domicile Status Comments: Filing is approved for use in IL, our domiciliary state.
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/28/2008	
State Status Changed: 04/28/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
<p>RLI is submitting a Limited Abuse Or Molestation Coverage endorsement for your review along with the corresponding rates. This will be an optional coverage that we will make available on our Transportation Risks exposed to the potential for abuse or molestation incidents on our Commercial General Liability Product. We intend to offer this coverage on our Public Auto product first, then subsequently on our Trucking and Local & Intermediary products in the future. The coverage will be offered at limits of \$300,000 Combined Single Limit per occurrence and \$300,000 Aggregate per policy</p>	

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period. A per occurrence deductible in the amount of \$10,000 applies when this coverage option is selected by the insured.

This is a new and unique coverage we will offer to our Transportation - Public Auto insureds.

Company and Contact

Filing Contact Information

Tom Drucker,
 9025 N. Lindbergh Drive
 Peoria, IL 61615
 Tom_Drucker@rlicorp.com
 (309) 692-1000 [Phone]

Filing Company Information

RLI Insurance Company
 9025 N LINDBERGH DR
 PEORIA, IL 61615
 (800) 331-4929 ext. 5276[Phone]
 CoCode: 13056
 Group Code: 783
 Group Name:
 FEIN Number: 37-0915434
 State of Domicile: Illinois
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00/ endorsement x 1 endorsement
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
RLI Insurance Company	\$50.00	04/24/2008	19886892

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	04/28/2008	04/28/2008

SERFF Tracking Number: *RLSC-125621941* *State:* *Arkansas*
Filing Company: *RLI Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CGL-AAMFR-0403*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *Commercial General Liability*
Project Name/Number: *Limited Abuse Or Molestation Coverage/CGL-AAMFR-0403*

Disposition

Disposition Date: 04/28/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	RLSC-125621941	State:	Arkansas
Filing Company:	RLI Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CGL-AAMFR-0403		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	Commercial General Liability		
Project Name/Number:	Limited Abuse Or Molestation Coverage/CGL-AAMFR-0403		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Limited Abuse Or Molestation Coverage	Approved	Yes

SERFF Tracking Number: RLSC-125621941 State: Arkansas

Filing Company: RLI Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: CGL-AAMFR-0403

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Commercial General Liability

Project Name/Number: Limited Abuse Or Molestation Coverage/CGL-AAMFR-0403

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Limited Abuse Or Molestation Coverage	TRS 649	(03/08)	Endorsement/Amendment/Conditions		0.00	TRS649 03-08.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIMITED ABUSE OR MOLESTATION COVERAGE

(Claims Expense Within Coverage Limits)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

With respect to coverage provided by this endorsement, the provisions of the Coverage Form and any exclusionary endorsements apply unless modified by this endorsement. In consideration of an additional premium of \$ the following limited coverage is added:

SCHEDULE

Insurance is provided only with respect to those coverages for which a specific Limit of Insurance and Premium are shown:

Sub-limits of Insurance:

\$300,000	Each Occurrence Sub-limit:
\$300,000	Annual Aggregate Sub-limit:
\$10,000	Per Occurrence Deductible:

A. Insuring Agreement.

The Company will pay all sums up to the Sub-limits of Insurance that the insured is legally obligated to pay as damages because of "bodily injury," "property damage" and "personal or advertising injury" which You become legally obligated to pay as damages arising out of the negligent:

1. Employment;
2. Investigation;
3. Supervision;
4. Reporting to the proper authorities, or failure to so report; or
5. Retention

of a person for whom any insured is or ever was legally responsible and who committed abuse or molestation of anyone while in that person's care, custody or control.

Nothing in this endorsement shall confer any coverage for the actual or threatened abuse or molestation

by anyone of any person while in the care, custody or control of any insured except to the extent conferred above.

B. Sub-limits of Insurance for Abuse or Molestation Coverage.

1. The most we will pay for all damages and the cost of defense resulting from any one occurrence is the Each Occurrence Sub-limit shown in the Schedule on this coverage form, minus the per Occurrence Deductible shown in the Schedule on this coverage form.
2. The Annual Aggregate Sub-limit shown in the Schedule on this coverage form is the most we will pay for the sum of all damages and the cost of defense because of all occurrences. The Annual Aggregate Sub-limit applies separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Sub-limits of Insurance.

3. The Company will not pay any claim for damages or the cost of defense after the applicable Sub-limits of Insurance under this coverage has been exhausted by payment of judgments, settlements, defense costs, or supplementary payments. All such costs shall be included in the Sub-limits of Insurance.

C. Application of the Policy General Aggregate Limit.

With respect to LIMITED ABUSE OR MOLESTATION COVERAGE only, **SECTION III - LIMITS OF INSURANCE** is replaced by the following:

1. The Limits of Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:
 - a. Insureds,
 - b. Claims made or "suits" brought, or
 - c. Persons or organizations making claims or bringing "suits."
2. The General Aggregate Limit is the most we will pay for the sum of:
 - a. Damages under Coverage A; and
 - b. Damages under Coverage B.
3. Subject to 2. above, the Each Occurrence Limit is the most we will pay for the sum of:
 - a. Damages under Coverage A; and
 - b. Damages under Coverage B.

because of all damages arising out of any one "occurrence."
4. Limited Abuse or Molestation Coverage is subject to the General Aggregate Limit.

The Limits of Insurance of this Coverage Part apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.

D. Exclusion.

Damages provided under this coverage form do not include punitive or exemplary damages.

E. Liability Deductible Conditions

1. Our obligation under the Abuse or Molestation Coverage to pay damages on your behalf applies only to the amount of damages in excess of any deductible stated in Section A above. The deductible applies to both damages and "Costs and Expenses."
2. The deductible applies as a result of any one occurrence, regardless of the number of persons or organizations who sustain damages because of that occurrence.
3. The terms of this insurance, including those with respect to:
 - a. Our right and duty to defend the insured against any suits seeking those damages; and
 - b. Your duties in the event of an occurrence, claim or "suit"apply irrespective of the application of the deductible amount.
4. We may pay any part or the entire deductible amount to effect settlement of any claim or suit and, upon notification of the action taken; you shall promptly reimburse us for such part of the deductible amount as has been paid by us.

F. Definitions.

"Sexual Action" means action of a sexually motivated nature, intent, behavior or purpose, including but not necessarily limited to physical touching, pedophilia, rape, verbal harassment, or mental or physical intimidation or coercion.

"Costs and Expenses" means all costs and expenses of investigation, defense, negotiation, settlement, and interest applicable to damages which would otherwise be payable under liability insurance.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 04/28/2008

Comments:

Attachments:

P+C Trans Doc AR.pdf

FFS Form F + R.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">a. Date the filing is received:</td></tr> <tr><td style="border-bottom: 1px solid black;">b. Analyst:</td></tr> <tr><td style="border-bottom: 1px solid black;">c. Disposition:</td></tr> <tr><td style="border-bottom: 1px solid black;">d. Date of disposition of the filing:</td></tr> <tr><td style="border-bottom: 1px solid black;">e. Effective date of filing:</td></tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">New Business</td> <td style="border-bottom: 1px solid black; width: 150px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Renewal Business</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr><td style="border-bottom: 1px solid black;">f. State Filing #:</td></tr> <tr><td style="border-bottom: 1px solid black;">g. SERFF Filing #:</td></tr> <tr> <td style="border-bottom: 1px solid black;">h. Subject Codes</td> <td style="border-bottom: 1px solid black; width: 150px;"></td> </tr> </table>	a. Date the filing is received:	b. Analyst:	c. Disposition:	d. Date of disposition of the filing:	e. Effective date of filing:	New Business		Renewal Business		f. State Filing #:	g. SERFF Filing #:	h. Subject Codes	
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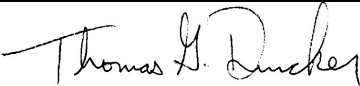
3. Group Name	Group NAIC #
RLI Insurance Group	783

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
RLI Insurance Company	Illinois	13056	37-0915434	

5. Company Tracking Number	CGL-AAMFR-0403
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Tom Drucker 9025 North Lindbergh Drive Peoria, Illinois 61615	Administrator - Ins.Dept.Affairs	(800) 331-4929 x5470	(309) 692-4634	tom_drucker@rlicorp.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Thomas G Drucker

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Transportation
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input checked="" type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 06/1/2008 Renewal: 06/1/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	Not Applicable
17. Reference Organization # & Title	
18. Company's Date of Filing	04/24/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CGL-AAMFR-0403
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Enclosed, for your review and acknowledgement, is our Limited Abuse Or Molestation Coverage endorsement, form TRS 649 (03/08), that RLI Insurance Company intends to use with their General Liability coverage on their Commercial products. This form is new and therefore does not replace any previous editions.

This form is being filed with your department in conjunction with a rates and rules filing as well. Be advised that the Abuse and Molestation endorsement will provide limited coverage to those insureds that select this option. Those insureds that select this coverage will be subject to an additional charge. This will be an optional General Liability Coverage form available for Transportation Risks exposed to the potential for abuse or molestation incidents. The coverage will be offered at limits of \$300,000 Combined Single Limit per occurrence and \$300,000 Aggregate per policy period. A per occurrence deductible in the amount of \$10,000 applies when this coverage option is selected by the insured. The premium to be charged to the insured for the selection of this limited coverage option endorsement will be 25% of the annual CGL premium, subject to an annual minimum premium of \$1,000. Any additional or return premiums as a return of cancellation of the policy or removal of this endorsement from the policy mid-term will be pro-rated on an earned basis.

In accordance with your state insurance department's "prior approval" regulations, we request that this filing will apply to policies effective on and after June 1, 2008.

Thank you for your time and attention to this submission. If anything additional is necessary, please contact me at the toll-free number or e-mail address listed below my name.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: Submitted via EFT
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		CGL-AAMFR-0403		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		CGL-AAMFR-0403		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Limited Abuse Or Molestation Coverage	TRS 649 (03/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		